

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759494

Entity Name: DARK HAMMOCK ESTATES PROPERTY OWNERS
ASSOCIATION, INC.**Current Principal Place of Business:**3608 JUAN ORTIZ CIRCLE
FORT PIERCE, FL 34947**Current Mailing Address:**PO BOX 683
FORT PIERCE, FL 34954 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWN, HERBERT DARYL
3608 JUAN ORTIZ CIRCLE
FORT PIERCE, FL 34947 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: HERBERT DARYL BROWN****01/25/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BROWN, HERBERT DARYL
Address	3608 JUAN ORTIZ CIRCLE
City-State-Zip:	FORT PIERCE FL 34947

Title	VP
Name	HUGHES, CLINT
Address	601 DARK HAMMOCK RD
City-State-Zip:	FORT PIERCE FL 34947

Title	SECRETARY
Name	PARKS, CAROL
Address	3400 MENENDEZ AVE.
City-State-Zip:	FORT PIERCE FL 34947

Title	TREASURER
Name	DECK, MARY
Address	3405 MENENDEZ AVE.
City-State-Zip:	FORT PIERCE FL 34947

Title	DIRECTOR
Name	TOKES, BILLY
Address	3505 FONTANEDA AVENUE
City-State-Zip:	FORT PIERCE FL 34947

Title	DIRECTOR
Name	DECK, MARY
Address	3405 MENENDEZ
City-State-Zip:	FORT PIERCE FL 34947

Title	DIRECTOR
Name	PARK, KIRBY
Address	608 JUAN ORTIZ CIRCLE
City-State-Zip:	FORT PIERCE FL 34947

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL PARKS**SECRETARY****01/25/2025**

Electronic Signature of Signing Officer/Director Detail

Date